S. No. 2
I—9-4-41
5-17-39
I X29484

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1943

Registration District No. 818

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 1317

Registrar's No. 1922

1. PLACE OF DEATH:

(a) County
(b) City or town: St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo Pacific O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Butler 12
(c) City or town: Poplar Bluff
(If outside city or town limits, write "RURAL") 3 N.R.
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Joseph Henry Stewart
3. (b) If veteran, name war
3. (c) Social Security No. Unknown
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Belle Stewart
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Nov (Month) 4 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
70	3	22	hr. min.

9. Birthplace: Reynolds County (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Conductor
11. Industry or business: Mo Pacific R.R.
FATHER 12. Name: John Stewart
FATHER 13. Birthplace: (City, town, or county) Scotland (State or foreign country)
MOTHER 14. Maiden name: Unknown
MOTHER 15. Birthplace: (City, town, or county) Ky. (State or foreign country)
16. (a) Informant: John B Stewart
(b) Address: St. Louis, Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-26-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Poplar Bluff, Mo
18. (a) Signature of funeral director: Albert H. Hoppe
(b) Address: 1700 Washington Blvd
19. (a) FEB 26 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26 year 1943 hour 1 minute 30 P.M.
21. I hereby certify that I attended the deceased from Feb 26 1943 to Feb 26 1943 that I last saw h/m alive on Feb 26 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic Heart Disease — Duration 10 years
Due to: 93
Due to:
Other conditions: Senility
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work?
(e) Means of injury

23. Signature: Gilbert Wright (M.D.)
Address: 1755 S. Grand Date signed 2-26-43

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Albert H. Hoppe

Licensed Embalmer No. 1861

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.